

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001962

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 30

FILED JAN 18 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Jackson**

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Kansas City**

Length of stay in 1b

8 years

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Osteopathic Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4431 Campbell Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

EARL

Middle

Last

RABY

4. DATE OF DEATH

Month

Day

Year

January

1

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 11, 1911

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR INDUSTRY

Printing Repair & Maintenance

11. BIRTHPLACE (City and state or country)

Franklin, No. Carolina

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Raby

13b. MOTHER'S MAIDEN NAME

Saunders

14. NAME OF HUSBAND OR WIFE

Peggy Raby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

**Kansas City, Missouri
Peggy Raby, 4431 Campbell Street**

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute circulatory failure**

INTERVAL BETWEEN ONSET AND DEATH

Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Malignant hypertension**

Months

DUE TO (c) **Diffuse scleroderma**

2 Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(1) Bronchial pneumonia (2) Gout

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-19-60** to **1-1-62** and last saw him alive on **1-1-62**

Death occurred at **3:17 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Myrlan S. Steinberg D.O.

22b. ADDRESS

926 E. 11th, K.C. 6, Mo.

22c. DATE SIGNED

1-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

D.W. Newcomer's Sons, Kansas City, Mo

25. DATE RECD. BY LOCAL REG.

1-4-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Myrlan S. Steinberg, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold L. Eckert

Licensed Embalmer No. 3035

P. O. Address

H. L. Eckert

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated-above.